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## ORIGINAL DEPARTMENT.

### COMMUNICATIONS.

#### The Antrum of Highmore and its Diseases.

By JAS. E. GARRETSON, M.D.,  
Of Philadelphia.

#### DISEASES OF THE MOUTH—Continued.

"While," says Dr. Richardson, "we cannot trace out the nature of that condition of the blood which gives rise to purulent formations, we are informed by observation of the external conditions which foster it. We learn that the pus producing disposition, is an indication of deterioration of blood. We see that when the system is enfeebled, whether by diathesis hereditarily supplied, as by the strumous diathesis—whether by epidemic influences, or whether by deprivation of nitrogenous food, or the inhalation of bad air—that under these circumstances the tendency to purulent formations in local structures is marked, and that, in extreme instances of the kind named, the act of suppuration may take its absolute origin from blood thus depressed."

"Hence, we have reduced almost to a principle in medicine, the saying, that suppurative tendency is a sign of an impaired or vitiated nutrition. Hence, also, we reason in speculative argument, that pus is blood transformed into a lower form of organization, and we adduce, in evidence of this view, that the purulent fluid is incapable of organic construction, and that animals in which the respiration, the circulation, and the animal temperature are more than ordinarily active, the formation of pus, even in an open wound, is an occurrence almost unknown."

These remarks, from the lectures of Dr. Richardson, cannot fail in being suggestive; they

have indeed much meaning, but I must be permitted to suggest, to the student reader, at least, that their signification is limited, puruloid conditions are, without doubt, and as the rule, perhaps, indications of asthenia; but it would be very wrong indeed, to jump from such data to the conclusion that every puruloid disease requires treatment from the constitutional stand point, and particularly will this hold good as the diseases of the antrum are concerned.

All diseases should be treated on principle; M. Ricord, as will be recalled by many of my readers, has a favorite prescription for gonorrhoeal purulency, which runs as follow:

R. Pul. Cubebæ, ℥vi.

Ferri carb., ℥iij.

M.

Now anybody can understand that such a combination would most naturally act well on a debilitated system; and I should suppose it would be a most happy prescription for half the Roue's of Paris. Where applicable, it would answer as well for the puruloid urethra. I remember, during the past summer, treating a gentleman for a gonorrhoeal difficulty, which he had contracted almost immediately after my getting him over an attack of syphilis. I treated this patient locally over six weeks, the discharge constantly increasing in quantity. At the expiration of this period I put him upon copaiba, tinct. of iron and quinia, and sent him to the sea side for a few weeks. The discharge at once began to diminish, and after the eighth day disappeared entirely. A success of this kind would not, however, lead to the inference that every man afflicted with a purulent discharge, should be treated with tonic stimulants. On the contrary, I have had the opportunity of prescribing very frequently for this condition—gonorrhoea. Yet it is seldom that indications have seemed to me to call for anything more than a strictly local treatment; at any rate I have generally succeeded, happily and quickly, in getting the patients over their trouble.

Ozoena depends, as the rule, upon some constitutional taint; the treatment, as the rule, is therefore to be systemic. Yet, not very long since I treated a lad for a fetid discharge from the nostril where the fetor depended on a diseased turbinated bone, the result, as I discovered of a direct local injury. Here was ozoena without constitutional association. A complete and radical cure was effected after two weeks, simply by the injection of chloride of zinc in solution.

In a previous article I suggested that puruloid conditions of the antrum had origin chiefly from two directions:

Firstly, from diseased teeth. Secondly, from constitutional disturbance, manifesting itself in the mucous tissue. I also desired to convey the inference that where the fault was markedly in the first of these directions, the practitioner would err on the right side, if in his first consideration of the case, he should incline to look upon the tooth only in the light of an exciting cause, searching farther for what might be the predisposing conditions. Here, however, as may be inferred, I desire to imply, that most vicious lesions of the cavity may exist, and yet constitutional conditions have really nothing to do with them, and in the treatment needs not at all to be taken into the account.

As a line in practice, however, running between these two conditions, I may allude to the fact of having met cases where inference of constitutional association seemed most marked, yet, without a resort to other than local treatment, I have soon cured my patient. These are the kind of cases in which the medical man must feel his way; if the practitioner is an observer, it is not likely that more than a week will pass without yielding him just conclusions.

Coming now to the investigation of cases where the cause is to be found alone in some cachexia, we have only to refer back to the general features of disease as manifested on mucous membranes.

The most common, and indeed not very unfrequent cause of engorgement of the antrum, —particularly mucous engorgement—is simple catarrh of the Schneiderian membranes. The patient takes a cold, the excitement expends itself about the nares; by simple continuity of structure, the lining membrane of the sinus becomes vascularly excited; perhaps the duplication at the orifice, because of greater nearness to the central ring of inflammation, becomes congested to such extent as to close the opening,

thus we have the elements for engorgement and the mucus thus confined will, if not vented, sooner or later, act as such a source of irritation that it will become to the membrane of the cavity, almost precisely what the virus of gonorrhoea becomes to the continuation of the same membrane lining the urethra. Trouble from this cause is, however, generally so slight, and so quickly over, that it is seldom prominently marked, either to patient or practitioner.

The symptoms designating this condition, are, first, simple vascular excitement of the membrane lining the nares, accompanied with increase of mucus.

As the grade of inflammatory action advances to complete congestion, the excess of mucus associated with the immediately preceding stage is succeeded by a most uncomfortable deficiency in the secretion.

This dryness is associated with all nasal inflammations of advanced grade, but when the trouble is to implicate the antrum, it is even specially marked. A single moment's consideration of the parts makes this very plain! the nares are the natural outlets for the antral secretions; in ordinary schneiderian catarrh, the extensive secretory surfaces of the antra are comparatively unaffected, of course they serve to lubricate to a greater or less extent the passages. When, however, the grade of inflammation is of sufficient extent to congest the duplicatures of membrane which form the nasal outlets, then because of the retention of the mucus the extreme dryness is induced. This excessive dryness may be said therefore to offer the first diagnostic sign of antral engorgement from simple catarrh. From this point, the disease advances or declines. If it declines, the trouble may have been of such trifling inconvenience as scarcely to have attracted the attention of practitioner or patient. If, on the contrary, it advances, the patient will soon be made conscious of the advancing engorgement by a sense of growing heaviness in the cheek, attended by pain of a dull sluggish character. The progress of the disease from this condition is precisely the same as that described as accruing from dental troubles.

*Treatment.*—This is to be conducted on general principles. Where the disease is seen in its incipient stage, it will, perhaps, be found unnecessary to do more than administer a saline cathartic; or, what I have found a most satisfactory treatment, is, to administer to the patient at bed-time the sixth or quarter of a

grain of sulphate of morphia dissolved in an ounce of the liq. ammoniæ acetatis. This latter treatment I have seldom found fail in breaking up these limited congestions.

Where, however, the disease has advanced to engorgement, and the antrum is found to be enlarging, it may be necessary in order to insure against even more serious lesions, that treatment shall be directed immediately to the cavity. To accomplish this, extract the second molar tooth, and penetrate the cavity through the alveolus of the palatine fang, in this way such medication as may seem indicated may be readily employed; indeed, for a cure it may be only necessary to keep patulous the wound, leaving the rest to nature, or, if there should seem a lack of vital force, I do not think a much happier stimulant can be employed than the tinct. of iodine.

*Furuncular Epidemics.*—It will be found, I think, the conclusion of every one who has observed in the direction, that during the existence of furuncular epidemics, mucous and purulent engorgements of the antrum are most common. This is not strange, if we consider the epidemic condition in the light of an exciting cause alone, for in no single instance where my attention has been called in such direction, have I been unable to discover a predisposing cause in a dead or diseased tooth. The same condition of things exist in regions where the intermittents are endemic. All the odontalgias and cephalgias of such a county are apt to be quotidian, tertian and quartan. Furuncle is a condition associated, it would seem, with some derangement of the digestive or cutaneous functions. When epidemic, it would be in proof that a condition existed adverse to the performance of certain physiological functions. With the existence of a predisposing cause of disease about the antrum, it is not at all strange that the addition thereto of an exciting cause should at once increase the effect of the irritant even to the production of active disease—and such, in truth, is the case, the patient escapes the purulency of boils, but he has purulency of the antrum.

*Treatment.*—This I need scarcely refer to—it consists, *imprimis*, in removing the source of local irritations; secondly, in correcting the constitutional disturbances.

*Scorbutic.*—This diathesis, as may be inferred, predisposes to antral purulency and ulceration. To understand the local condition thus induced,

it would be only necessary to examine the gums in an individual so afflicted; the condition of the antrum is akin with the condition of the mouth. The treatment, to be successful, must be from the constitutional stand point. If injection of the cavity seems indicated, it must be gotten at as before directed, or a canula can be passed into it through the natural opening in the middle meatus, the latter is however difficult, and therefore liable to objection.

*The Exanthemata* are said to associate, not unfrequently, their sequelæ with this cavity. Treatment thus demanded could need no special consideration, it would be a treatment founded on general principles.

*The Mercurial Diathesis.*—I have before referred to the troubles of the cavity thus provoked. Mercury holds a double pathological relation to the antrum, it predisposes from its constitutional relations, and actively and locally excites, through the periosteal inflammation it excites in the alveoli of the teeth. (The same I should also have remarked of scurvy.)

*Treatment.*—The indications here are twofold. Resolve, if possible, the inflammation about the teeth, (see paper on alveolar abscess,) and eliminate the mercury from the system. The chlorate of potash and the common muriate of soda are valuable medicines in this direction, the latter I frequently employ, and with marked success.

*Syphilis.*—This is a disease which it might be inferred, would, of course, have an affinity for such mucous lined surfaces as the antrum. Now mine may be a singular experience, but in contradiction of many authors who have written on the subject, I must say, that with the wide scope afforded by such a hospital as Blockley, (where for over a year I gave the study of the venereal disease the closest attention,) I was unable to find a single case of diseased antra which could with justice be attributed to the cachexia. As I remarked in a previous paper, I have met cases where the origin has been traced for me in such a direction. And I will not deny that in some cases this origin may be justly so traced, but in every case that I have seen, the mercury administered for the cure of the syphilis has seemed to me as having much more to do with the condition than any dyscrasis induced by the virus.

*To be Continued.*

### Hydrophobia.

By J. B. SOMERS, M.D.,  
Of Somers' Point, N. J.

Few indeed, if any, of all the maladies which the medical practitioner is called upon to treat, present themselves in so formidable and shocking a manner as this king of terrors in disease.

How fortunate for man that it is not generated spontaneously in his own system; that he has not these seeds of destruction, as it were, lurking within him, waiting but for a favorable chance for their further development, to mature only for the certain, shocking termination of their possessor; and that a beneficent Providence has placed within him mental faculties which may be exercised in such a manner as to prevent, to a great degree, the frequency of such sad occurrences. Man should ever be grateful for this. It is a melancholy reflection that not one well authenticated case stands upon record where the patient has recovered after the disease has been thoroughly engrafted into the system. When called to a case where the disease has fairly and clearly commenced its dominant sway over its victim, the physician can do but little more than fold his arms and watch the fearful ravages of the calamity upon the system, and secretly hope for a speedy dissolution and cessation of the perplexities attendant upon its prolongation. Such an one cannot help feeling the extreme poverty of knowledge as touching the case, and as yet, how little science has developed concerning its true nature. He knows not the poison—from whence then comes his antidote? His anesthetics may ameliorate the effects, but they cannot eradicate the cause, from which it would seem that the day is yet far distant when this disease will cease to horrify us, and we can claim it within the limits of our control. Such a time, reasoning from analogy, will come, and the period may be greatly hastened by agitating the subject, by a thorough and continued investigation of scientific men. No harm can directly result from such a course, if no possible immediate good, since as one author briefly but truthfully says, "all die;" but that beneficial effects will ultimately ensue, I conceive ought not to be doubted. If, indeed, there can be anything more disastrous, it must follow from such consequences as these; that having found a remedy, we may not have found its antidote in full, and that man may thus become the

progenitor of this disease, *per se*. Should this, in truth, be the case, then it is well that all do die; but this may, in fact, be nothing but a mere speculative theory, and should have no more effect to impede our progress in research, than a gossamer thread the movements of the physical world. For the furtherance of such an investigation, to those who may at any time have an opportunity, I venture to throw out a hint or two, and revive others which may be valuable, or may not; time and experiment alone will prove their efficacy.

We are told that the disease originates in the canine and feline tribes exclusively; communicable from them to man or beast, and from man to beast, and, that the great probability is, from man to man. The latter dangerous experiment remains untried. The exciting causes laid down in our medical books, are heat, cold, thirst, and excessive sexual excitement, where those desires remain ungratified. The latter of those herein enumerated, I presume to be the main cause; others are not denied, but admitted. In the locality of my practice, some few years since, during the excessive heat and drought of the summer, foxes were driven from their habitations to the abodes of men, presenting many of the symptoms of beasts laboring under rabies—frothing and furious. Many dogs, also, were known to be affected, and were destroyed. The question remains to be settled whether the disease originated with the dogs or foxes, or in both spontaneously.

To obviate the tendency to exciting causes then, becomes an imperative duty. The first step toward such an enterprise, I am inclined to believe is *castration*, it seldom occurring spontaneously in such as have been, and perhaps never where it is practised early in the life of the animal. It is well known that the mongrel breed are more subject to this disease than are the pure, and observation in this respect is confirmatory that sexual excitement is the greatest of all causes. Moreover, the usefulness of the animal is not in the least impaired, but his vigilance is rather increased. Where the operation is performed there is less disposition to rove and mingle with others, consequently his risk of being bitten, and propagating the disease, is materially lessened. Were the civil authorities to take this into consideration, and compel such measures, saving a certain proportion for propagation, we would not only have fewer cases of hydrophobia, but an improve-



ment in the species. Of the other causes, measures should be taken to eradicate and avoid, as localities and means may determine.

I look upon the termination of the disease as resulting from paralysis. We see this manifested in the various stages of the disease, beginning with those nerves which control the process of digestion, or perhaps those of respiration, and gradually extending itself over the entire economy. This partial paralysis, as it were, seems occasionally to be suspended for a time, so that the patient is enabled to eat or drink quite readily, when he sinks beneath the extreme exhaustion consequent upon the attack, or an increased fury of the disease speedily puts an end to the wretched sufferer.

The period of incubation is the one of responsibility, and the physician is culpable if every means whatever in his power is not exerted to stay the progress of the disease; and while I would suggest an agent which may prove prophylactic, and, as I sincerely hope, remedial, nothing is further from my intention than to have any person relax the efforts and agencies commonly used, and which have so often proved beneficial as preventives.

Of all the therapeutical agents which our materia medica afford, none occupy the position of the nitrate of silver applied to the wounded part, but nowhere can I find of its internal administration. It is considered externally as a specific, why may it not prove so internally? Given for a short period of time, in large doses, might entirely neutralize the poison. It might, however, be protracted in small doses after the first few weeks. The discoloration of the skin should form no objection, as who would not tolerate it rather than suffer the consequences of such a disease. Moreover, the slightest appearance of discoloration would be evidence of the sufficiency of its administration, and I earnestly request all who may have an opportunity to give it a trial, and report its effects.

If, indeed, paralysis be the ultimatum, then there suggests itself another idea in the treatment—to combat not the premonitory symptoms, but the anticipated result. Here, again, in looking over the treatment for paralysis, we find the nitrate of silver prominent, and under its administration we may possibly successfully neutralize the cause of the disease, and remedy the result which would lead to destruction.

Large doses of strychnine probably would commend itself as our next best agent, in case the nitrate had not time to act, or where it had failed. The entire subject must for a time be a subject of much conjecture and perplexity.

### Is Kousoo a Specific for Tapeworm?

By H. L. HORTON, M. D.,

Of Morrisania, N. Y.

The *Brayera Anthelmintica* or *Hægenica Abyssinica*, a flowering tree of Abyssinia, belonging to the family of Rosaceae, has long been known as a powerful antidote to both species of tenæ, and the fact that kousoo is the name not only of the tree, but also of the tapeworm itself, clearly indicates that among the natives of that country it is regarded as an infallible specific in the expulsion of this troublesome parasite.

Notwithstanding this knowledge of its remedial properties, the virtues of kousoo have as yet been but to a very limited extent tested by the profession of this country. This in a great measure, perhaps, has been due to the great difficulty of obtaining it, and also, as a consequence of this, its high price.

But as this objection to its general use no longer exists, the price now being such as to place it within the reach of all classes, it would be subserving the humane purposes of our profession, were physicians to resort more frequently to it, and publish, for the benefit of the medical fraternity in general, their experience in its use as a remedy for tapeworm.

With this object in view, I would beg leave to lay before the readers of the *MEDICAL AND SURGICAL REPORTER*, a brief account of the following case, successfully treated by the administration of kousoo.

During the latter part of September I was consulted, professionally, by a young lady, who exhibited to me, in an ordinary pill-box, several specimens of what she styled "worms." These she had passed quite frequently, and for some little time after being voided, they would manifest every evidence of a separate and independent existence.

I at once pronounced them to be the cast-off, disjointed portions of the *Tænia Solium*, and informed her of the nature of her disease, of which she seemed not to be aware, although she informed me that she had taken, as prescribed by her attending physician, spirits of turpentine in large doses, and frequently repeated.

Her previous history I learned to be as follows; residence New York city; age 20; married about three years; never has borne children or been pregnant; temperament nervobilious; health from childhood excellent. The first indications of disease manifested them-

selves about a year since. Habit of body rather full, with considerable embonpoint. Always accustomed to good living.

During the past year she has been gradually and constantly losing flesh, notwithstanding the appetite continued excellent, and at times was even inordinately craving.

A distressing sensation, which the patient described as "worse than pain," was often experienced in the right hypochondriac region, frequently extending across to the left; dull pain occasionally in the forehead, attended with dizziness and dimness of vision on assuming an upright position after stooping, or even rising from a reclining or sitting posture. Her eyes were characterized by an unnatural dullness and languor, appeared somewhat sunken, and were surrounded by a dark areola.

She was troubled with a constant, and sometimes almost intolerable, itching about the nose and anus. A peculiar gnawing and pinching sensation was often felt around the umbilicus, especially at night, it was also always aggravated by fasting, and relieved immediately by partaking plentifully of food.

*Treatment.*—Visited the patient October 1st. Enjoined total abstinence from food, but permitted the drinking of lemonade, *ad libitum*, and gave the following:

R Podophyllin, gr. vi.  
Pulv. jalapæ, gr. xi.

M. et. ft. ch., No. vij.

S—One powder to be taken every eight hours.

Oct. 2d. Found the patient suffering somewhat from hunger, pain quite severe, gnawing and pinching sensation quite distressing. Bowels had moved several times. The powders were directed to be continued.

Oct. 3d. Patient suffering but little from the effects of abstinence, although the remaining symptoms of yesterday still continued. Bowels had moved often and freely, attended with considerable griping. Pulse indicated weakness. Directed the continuance of the powders as before.

Oct. 4th, 10 A. M. Patient about the same as yesterday, with an increasing sense of weakness. Gave the following:

R Pulv. koussou flo., ʒij.  
Aqua bullientis, Oss.

M. et. ft. infus.

S—The whole to be taken in the course of half an hour.

At 1 o'clock, P. M., ordered the following:

R Ol. terebinth., ʒi.  
" ricini, ʒiiss. M.

S—Sum ad haust.

Between three and four o'clock the bowels again commenced to move freely, and continued to do so, at intervals, until 5 o'clock A. M., October 5th, just seventeen hours from the time of administering the koussou, when an entire *Tænia Solium*, sixteen feet in length, was expelled.

Patient somewhat exhausted; pulse regular, but weak. Enjoined rest, and a light nourishing farinaceous diet.

Oct. 7th, 10½ o'clock, A. M. Found the patient rapidly regaining strength and spirits.

Least there might be more of these unwholesome parasites remaining, I again administered the following:

R Pulv. koussou flo., ʒij.  
Aq. bullientis, Oss.

M. et. ft. haus.

To be followed, as before, by—

R Ol. terebinth., ʒi.  
Ol. ricini, ʒiiss.

Oct. 8th. Patient comfortable. Bowels had moved freely, but not attended with as much pain and griping as previously. No trace of the existence of any more tænia.

In concluding the report of the above case, I would state that the patient experienced not the slightest unpleasant sensation from the effects of the koussou, clearly establishing the perfect safety of its administration, rendering it valuable as an anthelmintic, even in children.

### Ophthalmological Curiosities.

By JULIUS HOMBERGER, M.D.,

Ophthalmic Surgeon to the Brooklyn Medical and Surgical Institute, late Assistant of Dr. Siehel, in Paris, etc., etc.

#### I.—A GRAIN OF GUNPOWDER IN THE CRYSTALLINE LENS.

A gentleman consulted me sometime ago about his right eye. He had been examined previously by many physicians, who had given him no satisfactory explanation of his trouble. He had lost his right arm and left eye by an explosion of powder fourteen years ago. The place of this eye was supplied by an artificial one.

Without any inquiries about the nature of his disease, I examined first the eye in the daylight. Except a few black spots under the con-

junctiva, near the internal angle, there seemed to be nothing abnormal. The cornea was transparent, the iris perfectly movable; the lens also transparent.

I proceeded to an examination with the ophthalmoscope.

When I first threw the light in the pupil, I saw near the anterior inferior margin of the iris, an obscuration of the crystalline body; the obscurity was round; was about two millimeters in diameter, and was of an intense black color. The pupil speedily contracted in consequence of the dazzling light thrown into the eye, and almost half the black spot disappeared under the margin of the iris. The eye-ground was perfectly normal.

The patient was much astonished that I knew his trouble without his information. He saw the obscurity in his lens as a large, blackish scotoma before his eye. The movements of the scotoma were identical with those of the eye; he saw it particularly when looking toward a white wall or cloud. In strong light it seemed smaller, in consequence of a part of it being covered by the margin of the iris. In examining with lateral illumination—a method most valuable for the observation of all kinds of diseases of the lens and iris, first recommended by Himly, and cultivated by the Berlin school—I found that the black body had a real diameter of only half a millimeter, and consisted of a grain of powder, and that it was situated about half a millimeter's distance from the circumference of the lens. The iris was, as I found, now forming a little angle at the internal and inferior part of the pupil, in consequence, undoubtedly, of a cicatrix in its substance caused by the perforation with the grain of powder. As the patient had only one eye, I did not want to dilate his pupil in order to see whether the iris was adherent to the capsule at that point, but I believe so, as the mobility of this portion of it was considerably weak, a circumstance I had often seen before. The cornea did not show any cicatrix. It is astonishing that in this case the foreign body did not raise the obscurity of the lens, not even around itself. There is scarcely any opacity of the crystalline body, except a little diffuse whiteness between the point where the grain must have entered, and the place where it is now.

Probably there has never been observed a case similar to this, and I presume, that without lateral illumination and the ophthalmoscope, the diagnosis would have been impossible.

## Illustrations of Hospital Practice.

### PENNSYLVANIA HOSPITAL.

#### SURGICAL CLINIC.

Service of Dr. Gerhard.

November 16, 1861.

#### BRONCHITIS—TUBERCULOSIS.

This was the case of an Indian boy from one of the California tribes of Indians, some eight or ten years of age, who came into the house laboring under an attack of bronchitis, but after a few days it was proved to be complicated with tubercles. The former frequently precedes the latter. We infer the presence of tubercles from the following physical signs,—from the intense fever present, especially as it is paroxysmal in its character, and followed by sweat; upon his admission he had fever every morning and a chill; from the character of the pulse, quick, jerking; from the emaciation which is great; he had cough sometime before he came here; his expectoration is slightly mucous; skin hot; tongue white; bowels regular; his chest is well conformed, its walls yield equally to the ingress of air to the lungs; in the lower portions resonance is clear; in upper portion of left, percussion dull, respiration is bronchial with crackling sound, showing a slight softening of tuberculous matter in the lung; about the middle we find the loose mucous rhoncus with bronchial respiration; in the upper portion of the right there is a slight trace of mucus rhoncus. There is then we infer both from physical signs, percussion and auscultation, in addition to bronchitis, a development of tubercles in the lungs, which so far as my observation extends are not in children, as much concentrated in the summit of the lungs as in adults, but scattered more completely over their entire substance, and run through their course much more rapidly. The prognosis is unfavorable. The change of climate the child has undergone is great, his active life in the open air has been changed to a more sedentary one, he is away from his home.

The treatment to be pursued will have reference both to the bronchitis and to the tubercular development in the lungs. Give him a combination of squills, wine of ipecac., and solution of morphine, in proportions suited to the age; give him also a drachm of the fluid extract of cinchona twice a day, and a dessertspoonful of cod-liver oil three times a day.

#### CHRONIC INTERMITTENT FEVER.

This was the case of a seaman who was attacked with intermittent fever, about one year ago, in Norfolk, Va., which is one of those localities where this disease is exceedingly prevalent. The disease first took the quotidian then the tertian form, and with the exception of a slight chill on his admission to the hospital, he has had no return of it for eight weeks past. He left the service on the 2d inst. You will observe the peculiar leaden, ashen appearance he exhibits, which indicates an altered

condition of the blood, from which, if continued, may result dropsical effusion as a symptom of disease of several organs of the body. The lesion of the blood in those cases is in my opinion consecutive to, and not preceding the fever. There is also enlargement of the liver, it dips down two inches below the ribs, and is one-third larger than normal. The spleen is also slightly enlarged. In the treatment of this case, the first thing to be advised is a change of climate. He should take a long voyage at sea, or a long journey, and he should continue persistently for a long time the use of some anti-periodic. As he has taken quinine freely, I would advise a change to the use of the fluid extract of cinchona, of which, give him a teaspoonful two or three times a day. A change from the one to the other you will find to be beneficial. He should also take *ferrum per hydrogen* two grains twice a day, and should make use of the salt bath with frictions every day. For the peculiar condition of the liver in such cases, mercurials ought not always to be used. So far as my observation and experience goes, the altered condition of the blood does to some extent interfere with the favorable action of the mercurial. I would therefore keep the bowels open with a compound aloetic pill, one or more every night, as occasion requires. His diet should be nourishing, meats, but little fruit. He may have one small bottle of porter each day. And here let me caution you in regard to stimulants. They should be prescribed with much care to avoid entailing upon the patient the habit of intoxication. If the patient be a female, and opium the remedy prescribed, you should always bear in mind that females are more apt to fall into the habit of opium eating, than of resorting to alcoholic stimulants.

#### PHILADELPHIA HOSPITAL.

Nov. 12, 1861.

#### MEDICAL CLINIC.

Service of Dr. Ludlow.

#### TYPHOID FEVER.

J. R., 22 years of age, a volunteer in the national army, one of the bloody 69th, and was at the battle of Bull Run. Up to the time he was taken sick at Baltimore, he was a vigorous, healthy man. He was admitted to the hospital on the 10th; had been sick several days; succumbed gradually under a general feeling of prostration. When admitted here he had a peculiar sodden hue of countenance; eyes heavy and dull; answers questions with effort, as though it were hard labor; tongue red, dry, now bordering upon the brown; pulse soft, slow, easily compressible; epigastrium tender, and tenderness in the region of liver and over abdomen generally; bowels were costive, now more regular; slight bronchial irritation, but nothing of importance; upon the surface of his body generally, there is a peculiar rash, which disappears upon pressure. But the one great feature of the case is the utter prostration which he feels; a disinclination to talk, or to act, or even to think. And such is the effect of this disease upon the system. The strong, vigorous, healthy man—the Hercules—becomes

weak and feeble—the infant. You all recognize the disease. It is one of the first, and perhaps one of the most frequent you will meet with in your practice. The treatment pursued in this case is, quiet; careful watching of all the symptoms. I deem it necessary to give but little medicine in such cases. He has had turpentine stoups to his abdomen; he has had spirits mendereri with nitre; he has taken the essence of beef with wine whey, and this is the sum of his treatment thus far. As a general instruction, you should watch the organ more particularly affected, whether it be the bowels, the kidneys, the liver, the lungs, or the brain, and administer the appropriate remedies. As this case progresses other remedies may be necessary, such as quinine, turpentine for the red tongue, or a blister to the neck.

### Medical Societies.

#### MEDICAL SOCIETY OF THE COUNTY OF ALBANY.

Reported by S. D. Willard, M. D.

The annual meeting of this Society was held in the City Hall, Albany, on Tuesday afternoon, November 12th; the President, Dr. S. Oakley Vanderpoel, presiding.

In addition to a large number of members present, were the students of the Medical College.

Dr. S. H. Freeman read a paper on Medico-legal Evidence, in which he set forth the difficulties incident to medical testimony before the courts, and the tendency of medical witnesses to espouse the interest of the cause in question, on one side or the other. Medical witnesses should not regard their testimony as deciding the issues of a cause. With this he has nothing to do. Medical facts rest with him, but not results.

Prof. Charles H. Porter, from a Committee on Poisons, read a report of three cases. The first was *The People vs. Elizabeth McCraney*, for the murder, by poison, of her step-daughter Huldah. The trial was held at Otsego county, New York, in December 1860. Dr. Porter noticed the general circumstances, the symptoms, post-mortem appearances, chemical examination and conclusions deduced.

The illness of the deceased began about the 29th of April, 1860, and gradually increased in severity until the time of her death, on the 11th of May. Her malady not being understood, an inquest was held to ascertain the cause of death, suspicions having been aroused by the fact that her disease was unknown, and by rumors that other of the McCraney family had died suddenly under suspicious circumstances.

The accused had almost the entire charge of deceased during her illness, and expressed



anxiety to the physician that the patient's bowels were so constipated. Enemas were ordered, and podophyllen was administered. The patient had nausea and vomiting, and was thirsty. Later the thirst was more considerable, the patient nervous, and did not sleep well, the pulse increased to 100, the countenance was fuller, and puffed up about the face and neck. These indications were succeeded by pain in the stomach, spasms in the extremities, pulse accelerated to 130, pupils contracted, and the appearance of exhaustion. These symptoms increased, a profuse diarrhoea occurred, which continued at intervals a few hours before death. The post-mortem examination revealed a number of small black spots in the stomach, small intestines and colon, similar to ulcerations of the mucous membrane. Having been led to suspect metallic poison had been administered, the tests were accordingly made, and arsenic discovered, no pains being spared to secure accuracy in the investigation. The syringe which had been used was likewise found to contain arsenic, the piston being saturated with the powder. The amount of arsenic obtained from this source was a fraction over four grains. Thus it had been introduced into the system; and also, in conclusion, it is believed to have been given by the mouth, in small doses, several times. There are but few instances of murder by the injection of poisons on record. The trial resulted in acquittal of the accused. "*Murder will out.*" She was indicted, and tried in June 1861, for the murder of her brother-in-law by poison, (case 2.) Allen Baker, in July 1850. The accused and her husband, lived at Allen Baker's, who fell ill June 29th, 1850. The accused poured his coffee, and gave him his food, in common with other members of the family. It affected him unpleasantly, and after each administration his symptoms were increased in violence, which were such as arise from arsenical poison. He died on July 5th, 1858. The body was exhumed January 9, 1861, ten years and six months after death, which, being fully identified, a most rigidly careful analysis was made of various parts of the body of the earth above the coffin, and the earth below it, and of the debris contained in it. The contents of the thorax alone, yielded 1, <sup>433</sup>/<sub>1000</sub> grains, with the evidences that it had been introduced into the tissues before death. This case is interesting from being one of a few where arsenic was found after a decease of years, in a body which had died from its administration.

Dr. SWINBURNE read a paper on the excision of the hip-joint. The case was a lad ten years old, who had been several months suffering severely from the disease, had become feeble and emaciated. The operation was performed April 3d—chloroform being given, the head of the bone was excised, and the dead bone gouged from the acetabulum, the limb was straightened, and retained by simple extension

with a pulley. The lad, in good health, was present at the meeting, and exhibited to the Society. He wears Sayre's apparatus, runs about on crutches, can move the limb in any direction, is daily gaining strength to it. (For this paper in full see REPORTER, &c.)

Dr. Porter also read an interesting paper on Arsenic Eating, a habit that prevails more particularly among the peasantry in several Austrian provinces. Arsenic eaters are strong, healthy people, belonging mostly to the lower classes, as grooms, laborers, etc. The habit is acquired in early life, while the subjects of it live to a reasonably advanced age. It induces courage, quarrelsomeness, and amorousness. The inducements to arsenic eating are protection against every kind of disease. The habit is often continued twenty or thirty years, but the subjects of it at length die of a gradual wasting. Its effect is to improve the general complexion, and perpetuate the appearance of youth. The habit once contracted is difficult to be discontinued. The quantity taken is increased to four or five grains daily. Given to horses, it increases their liveliness, their sleekness, and causes froth at the mouth greatly admired.

Dr. Vanderpoel delivered the annual address. On a former occasion, he had endeavored to establish the fact that the use of bleeding in cerebral diseases could only be determined by appreciating, so far as facts and symptoms would permit, the pathology of the different cerebral disorders. Bleeding having for a long time been considered universally remedial in this class, the different affections, so to speak, were grouped around it as a stand point, so that to each might be applied the test of its efficacy. On the present occasion, it was sought to apply a similar course of reasoning to the different forms of local paralysis. In the application of remedial agents here, it is of greater importance to determine the pathology, whether a particular case depends upon actual disturbance of the structure of the cord, or is wholly reflex in its character. In the one case, mercurials may be of great service, and strychnine and its allies prejudicial, while in the other, the reverse condition exists. In illustration of this opinion, the conclusions of Claude Bernard were noticed as bearing upon and sustaining the theory. It is important then always to distinguish paraplegia arising from reflex causes, from disease of the substance of the cord itself, or of the membranes. This is not always easy. Certain distinctions in general terms are prominent. In reflex paraplegia, the local disease precedes the paralysis, and the paralysis bears a direct relation to the curative condition of the local malady. In the reflex variety, the paralysis is not as complete. In myelitis, as the disease progresses, a corresponding increase in the paralysis, involving one after another of the organs, as it rises along the cord, can be traced. But the pathology of the spinal cord needs to

undergo an analysis such as has marked the pathology of diseases of the chest.

Dr. Vanderpoel, in conclusion, alluded to the several members of the society who have nobly responded to the call for surgeons to accompany our brave volunteers in their defence of their country. HOFF, originally surgeon of the 3d Regiment, has been promoted to Brigade Surgeon, and has reported for duty to Gen. Hunter, in the west. CHAPIN is surgeon of the 30th. ATERLY of the 22d; EDMERTON, assistant of the 18th; VAN RENSSALAER of the 3d, and CHAMBERS of the 60th. Others at home have not been idle. Dr. COGSWELL, as inspecting surgeon of the depot, has been constant and rigid in his duties.

Dr. Swinburne, as Hospital Surgeon, has treated fourteen hundred and twenty-seven cases, with a mortality of only twelve. These were all cases too sick to be treated "in quarters," and hundreds of them presenting intense types of the particular disease. So small a mortality is a sufficient evidence of skill, care, and watchfulness on the part of himself and assistants. Drs. Hare, March, and Cogswell have been constituted the Medical Commission for the examination of applicants for the position of surgeons and assistant surgeons in the army of New York State. The trust has been arduous and responsible; 431 candidates have been examined; 203 were passed as surgeons, 155 as assistant surgeons, and 69 rejected.

The duties of the President, as Surgeon General of the State of New York, as is well known, have been constant and laborious. The establishment of the medical departments at the various military depots; the provision for the vaccination of all the troops; the selection of surgeons and assistants for the various regiments; these have imposed much severe labor, but the duties incident to them have been discharged with a faithfulness and ability that reflect honor upon our profession and the State of New York.

The monthly meetings of the Society will be resumed during the winter.

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*New Syringe for Diphtheria.*—Dr. Aldis, of London, (Eng.) has suggested an improved instrument for gargling in diphtheria and other affections of the throat. It differs from an ordinary syringe only in having a curved pipe, with a closed end. It has two rows of apertures, one for directing the jets of fluid horizontally, the other for sending them obliquely upwards, so that the posterior fauces may be well cleansed. The piston is made to work easily, and can be readily stopped when sufficient fluid has been injected. The instrument appears to us to be admirably calculated to fulfil the object for which it is designed, and in cases of children who do not know how to gargle, or of adults who are unable from prostration to do so, may be the means of relieving the sufferings of impending suffocation.

## EDITORIAL DEPARTMENT.

### PERISCOPE.

#### Summary of Papers contained in the Transactions of the American Medical Association, Vol. 13th, 1860.

By O. C. GIBBS, M.D.  
Of Frewsburg, N. Y.

(Continued from page 162.)

The next paper in the Transactions is a Report on *Morbus Cozarius or Hip Disease*, by Lewis A. Sayre, M.D., of New York. This is an able paper of ninety pages, a full synopsis of which we have not space here to give. This disease has been almost universally regarded as essentially strumous in its origin and character. This opinion is controverted by Dr. Sayre. Among the arguments advanced in support of his views, are the facts that the disease does not respond curatively to the usual anti-scorfulous remedies, whereas the local treatment, if judicious, is abundantly adequate to the cure. The constitutional impairment he regards as the result of the local disease, almost unparalleled suffering, and necessary confinement, and not the local disease the result of the constitutional.

In the *third* stage of the disease it has been almost as universally believed that in many cases *true luxation* of the head of the femur took place upon the dorsum of the ilium. This Dr. Sayre denies—believing that true luxation never takes place. Shortening and deformity are the result of a combination of causes, *First*, muscular contraction and twisting of the pelvis; *Second*, absorption of the head of the femur; and *Third*, "as the upper portion of the acetabulum is absorbed by the constant pressure, the periosteal inflammation, which is occurring at the same time outside of the joint, is constantly throwing out new material, and we even find firm osteophytes of considerable magnitude; and thus, as the progressive absorption goes on within the joint, there is a constant *deposition* outside of the joint, by which means the acetabulum, with the capsular ligament and contents, is, as it were, slipped up on the dorsum of the ilium, so that *instead of a luxation of the hip*, we have in fact a *luxation* or rather a *displacement of the acetabulum itself*."

The treatment advised consists, in the first stage, of local depletion, a relaxed condition, and "*rest of the joint, and perfect freedom from pressure of the inflamed synovial membrane*."

If, in spite of treatment, the details of which we have not space for, the effusion into the joint is so great that the pain caused by the hydrostatic pressure is intolerable, he would recommend puncturing the hip-joint in order to secure its exit. In the third stage of the disease, if *caries* of the bone exists, he would advise excision of the head of the femur, and the removal of any diseased portions of the acetabulum with a gouge.

As before remarked, perfect rest of the joint, and the removal of friction and pressure of the dis-

eased surfaces by means of extension, are really the all-important objects of treatment. As is generally known, Dr. H. G. Davis, in the spring of 1860, devised an instrument, by means of which these ends could be accomplished, and the bed-ridden patient placed upon his feet without discomfort or injury. Dr. Sayre has modified this instrument, and, he thinks, greatly improved it. However, as the principles of its action is not altered, the honor of the invention belongs wholly to Dr. Davis—the credit of the improvement only belonging to Dr. Sayre. As a description of Dr. Sayre's instrument would be unintelligible without an illustration, we must refer our readers to the original paper.

Dr. Andrews, of Chicago, has devised a simpler instrument than either, and he thinks better, with which he accomplishes the same ends. (For a description, see the *Chicago Medical Examiner*, for December, 1860.)

For the treatment of morbus coxarius, extension by means of these instruments is one of the greatest improvements of modern surgery. Freedom from pain, the benefits of air and exercise, and consequent improvement of general health, are thus secured to the patient. For the manner of application, and appropriate times for use, we must refer the reader to the respective papers of their inventors.

The next paper in the Transactions is a *Report on the various Surgical Operations, for the Relief of Defective Vision*, by Montrose A. Pallen, M. D., of St. Louis. The paper contains about sixty pages, and, as it treats of a variety of operations, and, as we suppose, in a manner not dissimilar from works upon ophthalmic surgery, and as our want of study and practice in this branch disqualifies us for a just analysis of its contents, we shall pass it without further remark.

Immediately succeeding the paper just referred to, is a *Report on the Improvements in the Art and Science of Surgery in the last Fifty Years*, by Joseph N. McDowell, of St. Louis. We regard this as an able paper, and shall make occasional extracts bearing upon such matters as seem to us of the first importance. Dr. McDowell favors the operation of trephining for the cure of epilepsy, which he says he has performed more than a hundred times! The operation was first performed in this country by B. W. Dudley, M. D., of Kentucky. Dr. McDowell says: "I would recommend that the operation should not be performed when such injury has been done to the brain, by repeated attacks of epilepsy, as to produce idiocy; for, in such cases, you risk the life of the patient without an object, as the brain is not likely to resume its healthful functions." He says further: "I would never use chloroform, or any other anæsthetic agent, in operations on the head, for in all cases insensibility is produced by a rush of blood to the head, or a retention of blood in the brain by venous congestion, as is evinced by the pupils of the eyes." Again, he thinks "it imprudent to operate on a patient when there has been no injury, or when there is no depression of bone." This last rule he has violated three times with success. Query: Can the rule be always violated with success? If so, why the rule? if not, when may it be disregarded?

The author says: "The only patients I have ever

lost from this operation, in more than one hundred and twenty cases, have been four in number," and these all died of erysipelas.

In regard to the use of chloroform, he says: "I have determined never to give chloroform in any operation but when diluted with sulphuric ether, and then never to its fullest extent; but if my patients will have an anæsthetic agent, will give them as much good whiskey as they will drink, which, after all the boasting of the advocates of chloroform or ether, is the very best agent of the kind that can be used, and answers all the purposes of the others without the dangers attending their use." We grant that whiskey and opium will produce insensibility to pain, but we believe morally and otherwise it is infinitely inferior to chloroform or ether. We have seen patients perfectly insensible under the action of whiskey, but its effects do not pass away so readily, and really are not so evanescent and harmless as is chloroform or ether. . . .

"Were I an autocrat in surgery, I would banish from my dominions all anæsthetic agents but opium and alcohol." What would those surgeons say to this, who would deny the drunkard his usual stimulant for days before administering chloroform. one of which done so with fatal results not long since? The chloroform should always be preceded with the administration of a stimulant.

In diseases of the lower jaw, he observes that the upper or alveolar portion is in nearly all cases first affected, and can often be removed, retaining the base of the bone. To this portion the muscles and the tongue are attached, and it is of the first importance that it be saved when it can be.

On the removal of the parotid gland, Dr. McDowell makes extended remarks. That it could be removed has been denied by several surgeons. Dr. McDowell argues this question in the affirmative, and proves that it can and has been repeatedly removed entire. He says he has operated eleven times with success. We regret to see that the name of Prof. Brainard is not mentioned in this connection. Prof. Brainard has removed the parotid more than once, and written two able articles upon this subject within the last two years—hunting up all well substantiated cases of this operation, nearly a hundred in all. We subjoin Dr. McDowell's method of operating: "I first make a large elliptical incision at the sides of the diseased body, and dissect, cautiously, down on the sides of the gland, always taking care to avoid cutting upon its attachments, but turning the edge of the knife upon the diseased mass until I have dissected it about one-half out; I then pass through the body a large common sail needle, with a strong cord, and give it to an assistant to pull forcibly upon, and then proceed with the dissection cautiously until I come down to the artery where it emerges through the gland above. I then use my thumb and fingers to tear it from its bed, which can easily be done with the assistance of the cord and by running the forefinger behind the artery. But in many instances I have found that the arteries had freed themselves from the diseased mass and were behind it, having forced the body from its bed, and in almost every instance the lower portion of the gland is so soft as to be torn to pieces with ease." . . . "To this condition of the gland I have attributed most of my success in its removal. I

have never cut the body from its bed, but have always found my fingers strong enough to tear it from its position."

Upon the subject of *Ovariectomy*, Dr. McDowell remarks that, in a practice of thirty years, he has never seen a case in which he was willing to operate. This may seem a little singular, when his namesake, and uncle we believe, operated twelve or thirteen times, and has the credit of performing the first operation on record. This claim to honor, however, our author denies to his relative. As this is a point of interest, we quote his remarks: "I hold in my possession testimony which must prove satisfactorily that the credit of the first operation does not belong to Dr. Ephraim McDowell, but to others. In 1808, a lady of Stanford, Kentucky, called on Dr. E. McDowell, to be examined and operated upon by him. He pronounced it a case of ovarian disease, and told her it was incurable, for she must eventually die by bursting of the tumor in the abdomen. She returned home in despair, but having related her case to an old Indian hunter, who in later life had made his living by speying animals, he proposed to cure her, if she would submit to his mode of operation. She said it was but death and she would try it, and accordingly, John King opened the abdomen as he would that of a sow or heifer, and the tumor being pedunculated, he passed a ligature around the neck and cut it off, and in two weeks the woman was entirely recovered. Mr. John Camden, of New Orleans, and Peter G. Camden, formerly a mayor of this city, (St. Louis,) both testify to the correctness of this statement.

In 1809,\* Mrs. Jane Crawford, who had ovarian disease, called upon James McDowell, who graduated at the University of Pennsylvania in 1806, and was then commencing the practice of medicine and surgery in Danville, Kentucky, Dr. Ephraim McDowell having retired to the country. On consultation with Dr. Ephraim McDowell, it was determined to operate, and in the presence of David Cowan, Benjamin Perkins, and others, Dr. James McDowell performed the operation, with the assistance of Dr. E. McDowell. Learning the facts, as stated by Cowan and Perkins, I wrote to Mrs. Jane Crawford, whose answer is now in my possession, and is as follows:

'BLOOMINGTON, Indiana, August, 1824.

'I received your letter asking me who performed the operation for ovarian disease on me, and all I have to state is that Dr. James McDowell did the cutting and the dressing, but Dr. E. McDowell was present and assisted him.'

Dr. James McDowell died in 1812, before a report of the case was made by Dr. E. McDowell, in the *Eclectic Repertory*, of Philadelphia."

In speaking of *Lithotomy*, different instruments and plans of operation are referred to. In the same year that Dr. N. R. Smith invented an instrument for this operation, without knowing what Dr. Smith had done, he says he invented a similar, and he thinks better instrument. "Since 1833 I have operated over one hundred times, and have never failed with it in a single instance. I have operated with Physic's gorget, and found it dan-

gerous, because of the plunge of the instrument; I have operated with the probe-pointed bistoury, and found it impossible to say at the time what I was cutting; I have operated with the scalpel, and have always felt that I was in danger of wounding parts that should be avoided. But with the confined gorget I can feel assured that all is well. When I have passed the ball on the beak of the gorget, I cannot cut any other part than the neck of the bladder, and will not wound any other parts."

He refers to Prof. Brainard's method of treating ununited fracture, and considers it the best plan that has ever been practiced. He also makes favorable mention of Dr. Brainard's plan of treating poisoned wounds by injecting tincture of iodine around the wound. He says of it: "If I were bitten by a rattlesnake or a copperhead, and had the remedies at hand, I would try it, and then get drunk, if I could; the latter remedy I have never known to fail." If the getting drunk never fails, why practice the injection? He says he would get drunk, if he could; is there any doubt about the possibility of such a thing? Dr. McDowell concludes his interesting paper with a few remarks upon the treatment necessary before and after operations. Before, instead of bleeding, purging and starving, he says he oftener gives tonics. "I have known patients bled to death to prevent inflammation, when they of necessity died of constitutional irritation or nervous prostration. Give me healthy blood, or a sound constitution in health, and I will insure recovery from surgical operations; but give me vitiated blood, and a perverted, excited, or irritated nervous system, and I will insure a protracted case, or a passport to the grave, the last hiding-place of the judicious surgeon." A mistake is often made in mistaking constitutional irritation for the evidences of inflammation. The former is usually increased by reducing measures.

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#### SILVER SUTURE OF FRACTURED PATELLA.

Professor Cooper, of San Francisco, writes: "Our method of treating transverse fractures of the patella, and one which has, thus far, been invariably successful, is as follows:—Make a longitudinal incision, of sufficient length to expose the fragments; drill the anterior margins of them with a drill, one line in diameter; then pass a silver ligature through the holes thus made, and, by crossing the ends and pulling stoutly upon them, bring the separated parts together. A knot is then made by twisting the ends of the ligature together, which holds the fractured portions of the patella in apposition, by which a bony union always takes place." As essential to success, Professor Cooper insists that the wound be healed by granulation, and not by first intention. To this end, lint should be placed in the wound, and the limb tightly bandaged from the toes to the middle of the thigh. The dressing he would advise to be changed only once a week. At the end of the third week he would omit the lint, but continue the bandage.

\* We believe Dr. Gross says December, 1809. In Dr. J. T. Bradford's able report in 1859, he says it is well known this operation was in 1808. We think he must be wrong in date, for our author should know, and, as above, he has it 1809.



The wires should be removed at the end of six or eight weeks. He concludes by saying, "After the operation of applying metallic ligatures in this way, the patient scarcely ever suffers to any considerable extent, and generally remains entirely free from pain during the whole course of treatment; but, in order to have it so, the keeping of the wound open and the application of the tight roller are indispensable."

#### MORTALITY AMONG INFANTS IN FRANCE.

At a recent sitting of the Academy of Sciences, Dr. Bouchut presented a statistical account of the mortality of children within a period of 20 years, viz: from 1839 to 1859, taken from the registration of the administration of Public Assistance. One of his tables comprises 48,525 children deposited at the Foundling Hospital; another table comprises 24,169 children sent to nurse by the Administration. The principal results at which our author arrives, are as follows:—1. Mortality among children in France amounts to one-sixth during the first year of life, while formerly it was one-fourth. 2. Within the same period, the mortality among males, taken alone, is one-fifth; among females, one-sixth. 3. Mortality is greater among the children of the poor than among those of the rich. 4. Cold weather increases the mortality of newly born infants; and in winter, children cannot without danger, be taken either to the maire or the church. 5. Among foundlings, the mortality is eleven per cent. during the first ten days of life, and fifty-five per cent. within the first year. 6. Dry-nursing, or bringing up by hand, greatly increases the chances of death among foundlings. 7. The mortality among children of the middle classes sent out to nurse is twenty-nine per cent. within the first year. 8. Within that period mortality is greater in the thirteen departments which lie around Paris than in any other department in France, and this is probably owing to the greater number of foundlings they contain, to the want of necessary care by the nurses who receive the children, and to the influence of the endemic disorders that prevail in the capital.

*Indigestion in a Boa Constrictor.*—M. Dumeril, of the French Museum of Natural History, says that one of the boa constrictors, which had been in the Museum for a number of years, swallowed a large woollen blanket. At the end of a month the serpent made great efforts to vomit, and succeeded in throwing up the blanket.

*The Portrait of Dr. Wm. Hunter* is to adorn the gallery of portraits now collecting for the Great Exhibition in London, of next year.

### THE MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, SATURDAY, NOVEMBER 23, 1861.

#### WAY MARKS OF PROGRESS.

Perhaps there is no branch of medical science in which greater and more rapid progress can be traced, than in that of surgery. Whether we consider the merely mechanical appliances of the surgical art, the instruments used in the various operations of surgery, or the means now employed to preserve the human body from the mutilations and contortions, so common in past days, the facts will appear patent, that great progress has been made. It is in regard to this latter phase of progress, that we propose, at this time, to dot down a few way marks for the reader.

A boy, twelve years of age, says an English surgeon, came running into my surgery, stating that in chopping wood, he had cut off the top of one of his fingers, at the same time presenting the detached part. I immediately replaced the part, securing it with adhesive strips. Perfect adhesion took place, and he uses it as though nothing had happened. In another instance, says the same surgeon, early in the morning, I removed a sound molar tooth from the jaw of a man who was suffering from facial pain. At night he came back, having carried the tooth in his pocket all day, and requested me to replace the tooth. I did so, and in ten days after, it was perfectly united to the socket by gomphosis.

Says another surgeon, a man forty years of age, was brought to me, the cartilaginous portions of whose nose, with its coverings, had been cut off by a fall upon the fender, in a bar room, and hung only by a minute thread of skin, and this twisted upon itself, so as to arrest any vascular supply to the separated part, which was already very blue, and much below the natural temperature of the body. The raw surfaces were adjusted with silver sutures; the recovery was rapid and excellent, and very slight indications exist of the accident.

In former times such practice would have been ridiculed as consummate nonsense, and the surgeon who should have seriously advocated the readjustment of a severed finger, a nose or

an ear, would have been counted as a fit subject for an insane asylum. That such a power existed in the human system as the *vis mediatricis naturæ* was freely admitted, and to some extent well understood. The early writers talk learnedly and profusely upon it; but it was a genius which presided over the healing of wounds, not of severed parts, which infused vitality and energy into enfeebled organs enabling them to overcome the onset of disease. The idea that this same power would reunite parts long severed; would reproduce a bone removed by the surgeon's instruments, was neither hinted at or suspected. The progress of scientific and experimental research in later times, and within the past few years, have brought to light this fact, and saved many patients from mutilation of body and from a miserable existence. Nor are the cases we have quoted above mere fancy sketches. They are well attested facts. And they clearly show that the power of life—the *vis vitæ*—is not in every case destroyed by separation of one part of the living body from another. The surgeon of former days would have thrown away the severed finger, cut asunder the minute thread which held the mutilated nose to its locality. The modern surgeon readjusts them neatly, assured that if placed *in situ*, nature will reunite them, and restore them to usefulness. So also in the reproduction of bone, the same wonderful power of nature again shows itself, and exhibits in another form the triumph of surgical science. The surgeon of this age does not wait for the long and tedious process, which results in the formation of the bony casement, and the exfoliation and ejection of the dead mass of bone within; but he boldly cuts down upon it, carefully dissects it from the periosteum, cuts it out, and leaves nature, under the influence of proper care and attention, to reproduce the bone itself in its original form. If the bone, be necrosed, become dead, an irritating, offensive substance; be it portions of the maxillary, the radius, the femur, the foot or toe, cut it out, why cumbereth it the system; give nature a chance to do her work anew, take away the irritating cause and nature will show her power to remedy the vacuum the surgeon has produced in her work. It is but a short time since,

that M. Maisonneuvé laid before the Académie des Sciences, of Paris, a case in which he removed the entire right tibia (except the articular epiphysis,) of a young man who was laboring under necrosis of that bone. After the fortieth day he was able to walk with crutches, as after an ordinary fracture, and so complete was the reproduction of the bone, that the bad leg in nowise differs from the other, allowing of the most active exercise, such as running, leaping, and the like, without any inconvenience. In a subsequent communication to the same society he narrates the case of a man from whom he removed the whole of the right side of the lower jaw, including its vertical ramus, with the coronoid apophysis, and its condyle, leaving the teeth alone suspended by their gums intact. This occurred in 1854, and the jaw is so exactly reproduced that it is difficult to detect the side on which the operation was performed. So also the reader will find in a late number of the REPORTER, a case in which the entire scapula was removed by enucleation from its periosteal investment, and in which the motion of the arm, in process of cure, was surpassingly free in every direction, and the scapula being reproduced. Other equally well authenticated instances might be mentioned to substantiate the same fact. But these are sufficient for our object, and indicate the marked progress in one direction of surgical science.

#### “DIED OF NEGLECT.”

Such was the announcement in a late bill of mortality as one of the numerous causes of death—Neglect! How harshly the word grates upon our ears—Neglect! Died from neglect. Not from surfeiting upon the delicate viands of the rich man's table. Nor yet from eating the bread of carefulness. Not carried to the tomb from the chamber of luxury, where every want is anticipated, and where every wish is more than gratified. Nor yet from the humble yet comfortable dwelling of the middle class, where all the real wants of human nature are satisfied with the substantial of life. Nor yet, perhaps, from the low hovel of the poor, where an affectionate mother could watch over the departing breath,\* if she could administer no nourishment

to sustain expiring nature. Neglect! Perhaps it was a mother borne down by the infirmities of years, whom an ungracious, ungrateful son or daughter had left upon the banks of the City Ganges, the almshouse or hospital for the poor, to drag out the last days of her existence, with no kind hand to smooth her furrowed brow or catch her dying breath. Or perhaps it was a child, bereft of parents and friends, left to the cold charities of a world too busy with the pursuit of its own phantoms to regard the pitiful moan or the beseeching look. Like the man who fell among thieves, the Priest and the Levite passed by on the other side, casting only a heartless, soulless glance at the object deserving of real commiseration; and yet there was no good Samaritan to bind up the wound, or to pour in the oil of consolation. Neglect! Can we comprehend the height and depth, the length and breadth of its meaning? It is not the absence of the affectionate caress of a loving sister or brother, nor yet of those delicate and fond attentions which a mother or a father can give, nor yet of the tender sympathies of friends or acquaintances. It is not one of these *alone*; it is all combined in one—Neglect! Think of the lonely couch—nay the curbstone, the cold ground, the canopy of heaven the only covering—unattended, deserted by all humanity, and all sympathy: deserted at the hour when the eye sends out its most imploring, beseeching look, to gather some token of commiseration; when the feverish lips would utter their last farewell; left to die, “unwept, unhonored and unsung.” Neglect! Can such inhumanity exist in this day, when men are so full of humanity, so overflowing with sympathy; when hospitals are founded by the munificence of wealthy testators, and public charities go begging for recipients? We christen it *inhumanity*, and what other name more fitting can we apply, when not even woman, last at the cross and first at the sepulchre, whose heart is a well spring of tenderness, affection and sympathy was at the dying couch of these *neglected* ones. Died of “neglect!” O whisper it not again. The grave, (*it may not be so*,) the grave has closed over them, the grave of the deserted. Among the ignorant worshippers upon the banks of the Ganges, such

acts may be tolerated, because it is among the teachings of their religion. Among the poverty-stricken factory population of England, necessity, stern and unyielding, may compel such obliteration of the sympathies of human nature, in some cases; but in this land there is no such teaching or necessity to palliate or excuse. Died of neglect is *inhumanity*, is *BARBARIY*.

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#### EDITORIAL NOTES AND COMMENTS.

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*Dr. Marion Sims in Europe.*—The numerous friends and admirers of this excellent and talented surgeon, have heard with satisfaction of the honored attention which he is now receiving abroad. To him alone belongs the credit of the really practical illustration of the universal efficiency of metallic sutures in surgery. Notwithstanding the antiquity of the original use of the wire suture in surgery, until Dr. Sims repeatedly demonstrated that by its use the curability of certain lesions, hitherto abandoned as intractable, was rendered certain, its use was not practiced in modern surgery.

The great advantages of the metallic suture, in its application to vesico-vaginal fistula, and to other indispensable uses, has been, before the profession, so complicated with useless paraphernalia which have accompanied its use, that the fact that all the recent cures of such lesions are alone to be attributed to its unirritating properties, has by many surgeons been lost sight of. The best and most successful operators in this country, now discard buttons, clamps, splints, etc., in these operations, relying on the simple interrupted suture with metallic threads.

It is but a few months since some prominent surgeons in this country plainly denied any peculiar value to the wire suture in surgery. Among these, be it known, were some of Dr. Sims' neighbors in New York city, who were within frequent hearing, and had repeated observation of his remarkable success in operations which they would themselves have avoided as hopeless, and have condemned the wretched patient as incurable. The proper credit is now, we believe, accorded to Dr. Sims, and it is a gratification to see it honorably acknowledged abroad where an attempt had been made to forestall his claims.

*Government Hospitals in the City.*—The Government have selected as one of their hospitals in this city, the old silk manufactory formerly occupied by Messrs. Davis & Brother, at the corner of Twenty-fifth and South streets. The building is now being fitted up for that purpose. This is one of the finest positions that could have been selected for such a purpose, affording a fine view, and also plenty of pure air. It will be finished in the course of a week, and will be capable of holding 400 beds, at the least possible calculation. The building is three stories in height, and will contain three principal rooms on each floor, besides bath rooms, store rooms, etc. The bath rooms are placed in the second and third stories. The cooking apparatus will be located in the extreme rear of the building, in close proximity to the servants' department. The rooms will be principally heated by stoves—twenty having been purchased for that purpose. There is but one heater in the building.

In the main rooms three rows of beds will be placed, and in the smaller rooms the number will be according to their size.

Seventeen hundred wounded volunteers are expected to be distributed among the different hospitals of the city, during the present week. Dr. Neil, of the city, it is thought, will be appointed to the charge of the Medical Department. There are already at the military hospital, thirty-six invalid soldiers, from various regiments, who are carefully attended to.

*The Wounded at the Belmont Battle.*—A writer in a Western paper says:

"On the 13th instant I visited the hospitals, and talked with many of the soldiers who were in the Belmont fight. They are very communicative, and show their wounds with evident pride. Some had their limbs fractured, others their jaws. Some were pierced through the body. What astonished me most was the slight nature of most of the bullet wounds. Several of the soldiers were shot in three and four places, and yet were not confined to their beds. The wounds from the Minie balls can readily be distinguished, by the long conical shape of the cut. The Minie ball generally strikes to kill.

I saw one young man with a most extraordinary wound. The ball entered about the small of his back, pursued its course through a good portion of his body, and came out of his throat; and yet the man sat up with apparent ease, and seemed to me to be but little hurt. Another young man, a bright looking fellow, received a glancing cut from a ball upon the

breast, which then glanced upward and cut his throat, not dangerously however."

Many of the soldiers, in this battle, were wounded in the legs and feet, which is explained by the fact that when on their retreat they were compelled to run a gauntlet of fire, between the confederate lines, which lines were so near to each other as to compel the confederates to fire low, in order to avoid killing their own men.

*New York State Inebriate Asylum.*—On the 20th inst., Dr. Valentine Mott, the president elect of this institution, delivered his inaugural address. In six months, the building will be in a condition it is expected, to receive the patients, provided sufficient funds are received from their friends. Nearly five thousand applications have already been made for admission. We are rejoiced that an asylum for this unfortunate class of our community is about to be opened. The number who have already registered themselves gives frightful indication of the large numbers who are victims of inebriation. But will this asylum decrease the number? Suppose five thousand find shelter and a home within its hospitable walls, are not five times as many more following on rapidly in the same path, rushing onward to the same inglorious end. How shall the tide be stayed? The question is easily asked, but who can answer it?

*Philadelphia Blind Asylum.*—Among the many excellent institutions with which Philadelphia abounds, we notice none with more pleasure than this institution for the blind. It is unfortunate to lose any one of the five human senses, but if the loss of one be more calamitous than another, is it not that of sight? And yet it is a wise provision of nature that when one sense is lost the remaining ones are rendered more acute. Hence, the blind are taught by the sense of touch, and their proficiency in reading music, sewing, etc., etc., is astonishing. This institution was established many years ago, by an appropriation from the State, and there are now one hundred and sixty-five pupils attached to it. They are taught pursuits by which they may earn a livelihood when they graduate; have a regular system of instruction, and those who have no home to return to when their education is completed, are allowed to remain here, and are furnished with work, to enable them to meet their expenses. Among the pupils are some persons of mature age, of recent blind-



ness, and there are also three Chinese women, who speak perfect English, and have forgotten their own language. They were brought to this country twenty years ago, by a missionary. The Blind Asylum is on Race street, near Twentieth.

*Dr. Hayes' Arctic Expedition.*—The expedition of Dr. Hayes is not so barren of results as the accounts of it already published would seem to indicate. He thus sums them up in a lecture before the Geographical Society of New York. The completion of the survey of Smith's Strait; the discovery of a new channel to the westward of Smith's Strait; the confirmation of Dr. Kane's theory respecting an open polar sea; the determination of the magnetic dip, and of the declination at many points within the arctic circle; surveys of glaciers, by which their rate of movement is determined; pendulum experiments, and hydrographic surveys; a continuous set of meteorological observations; a large collection of specimens of natural history; a valuable collection of geological specimens: the accomplishment of a higher north latitude than ever before attained upon land; and lastly, a large collection of photographic views of the country, icebergs, and of the natives and their settlements. There are thus two hundred photographs of arctic scenery, the same number of sketches, and the statistics of about seventeen hundred miles of coast scenery—results which show that the Doctor's time must have been arduously occupied.

*The New Sydenham Society.*—This society, which has been in existence nearly three years, has already issued eleven volumes on various medical subjects, besides an atlas of skin diseases, consisting of life-size plates, colored from Hebra's celebrated atlas. The works issued are, of course, all foreign authors, and distributed to the members of the society only. For the sum of \$5.25, paid annually in advance, each member has the volumes delivered to him, as they are published during each year. In no other way can a physician add standard works to his library so cheaply. Dr. Richard J. Duglison, 121 South Tenth Street, is the local secretary for Philadelphia.

*Pirogoff's Operation.*—As this operation at the ankle-joint has been recommended in an order from the Medical Director of the army, in pre-

ference to Chopart's or to amputation above the ankle, it may be interesting to our readers to see a description of that operation, as given by the author himself. He says:—

"I commence my incision close in front of the outer malleolus, carry it vertically downwards to the sole of the foot, then transversely across the sole, and lastly obliquely upwards to the inner malleolus, where I terminate it a couple of lines anterior to the malleolus. Thus all the soft parts are divided at once quite down to the os calcis. I now connect the outer and inner extremity of this first incision by a second semilunar incision, the convexity of which looks forward, carried a few lines anterior to the tibio-tarsal articulation. I cut through all the soft parts at once down to the bones, and then proceed to open the joint from the front, cutting through the lateral ligaments, and thus exarticulate the head of the astragalus. I now place a small, narrow amputation saw obliquely upon the os calcis, behind the astragalus, exactly upon the sustentaculum tali, and saw through the os calcis, so that the saw passes into the first incision through the soft parts. Saw carefully, or the anterior surface of the tendo achillis, which is only covered by a layer of fat, and a thin fibrous sheath, might be injured. I separate the short anterior flap from the two malleoli, and saw through them at the same time close to their base. I turn this flap forwards, and bring the cut surface of the os calcis in apposition with the articular surface of the tibia. If the latter be diseased, it is sometimes necessary also to saw off from it a thin slice with the malleoli."

He thus sums up its absolute and relative merits:—

"1. The tendo achillis is not divided, and so we avoid all the disadvantages connected with its injury. 2. It also follows that the base of the posterior flap is not thinner than its apex, while the skin on the base of the flap remains ununited with the fibrous sheath of the tendo achillis. 3. The posterior flap is cap-like, as in Syme's method, and its form is therefore less favorable to a collection of pus. 4. The leg, after my operation, appears an inch and a half (sometimes even more) longer than in the three other operations (Syme, Baudens, Roux), because the remnant of the os calcis left in the flap, as it unites with the inferior extremities of the tibia and fibula, lengthens them by an inch and a half; and 5. Serves the patient as the point of support."

*Vermont Asylum for the Insane.*—The twenty-fifth annual report of this institution has just been received. The income for the past year has been \$29,704 75, and the expenditures \$61,797 24, leaving a balance of \$2,091 49

against the institution. The number of patients in the Asylum during the year was 576, of which 128 were discharged; 56 as recovered; 29 improved; 21 not improved; 32 died. Since the opening of the institution 3,308 have been admitted, and 2,807 have been discharged. Of the latter, 1,547, or more than one-half, have recovered. An addition of nearly one hundred rooms has been made during the year, greatly increasing the means of classification and facilities for cure. The superintendent urges friends of the insane to send them at once to the Asylum, whenever insanity is fully developed, as by so doing recovery is more certain. Kindness and agreeable employment are the great moral remedies employed in the treatment. Among the causes which produces insanity, the superintendent especially notices intemperance; and this covers many cases which are attributed to "loss of property," "domestic affliction," "ill health." "Insanity and death," he observes, "are both more liable to be produced at the present time than formerly," on account of the poisonous adulteration of alcoholic stimulants. The institution still remains under the superintendence of Dr. Wm. H. Rockwell.

*The Brooklyn (N. Y.) Medico-Chirurgical Society, their First Annual Re-union.*—This Society, formed after the manner of the Société Médicale d'Emulation, of Paris, celebrated its first anniversary on the 11th inst., by a dinner at the Pierrepont House, Brooklyn. The members of the Society were present in full numbers, besides many invited guests of the theological, legal, and medical professions.

At eight o'clock the chair was taken by Dr. Daniel Ayers, the President of the Society, who neatly welcomed the guests to the festive board, richly laden with the viands, delicacies, and fruits of the season. Upon the removal of the cloth, several gentlemen were called upon to respond to the "sentiments" of the occasion. Rev. Dr. Guion answered for the clergy, and suggested that while the theologian went before the physician generally, yet the former sometimes came behind the latter, too often, he feared, to cover up at the grave the sad evidences of professional unskillfulness. This sally was too general for personal application, and so passed off with good humor. Dr. Bauer responded in patriotic terms to "our country." Its starry flag had gladdened the eyesight of his youth, in the foreign land of his birth, and had pointed to him the United States as the "land of the

free and the home of the brave," but more, as that destined to be the emporium of art and science. Dr. Sayres congratulated Brooklyn upon her progress in population, the Society for having done so much for medicine and humanity, and individual members for their original and successful operations, without a parallel before in surgery and medicine. Rev. Father Fransioli spoke feelingly to "charity," and dwelt upon the moral and religious duty of cultivating the divine graces of charity towards the poor, the friendless, and destitute. The speech of the evening, however, was from Dr. McPhail, on "Medicine as a Science," from which we shall make some extracts in future. The occasion was a pleasant one, and passed pleasantly away.

## REVIEWS AND BOOK NOTICES.

*LECTURES ON MATERIA MEDICA AND THERAPEUTICS*, delivered in the College of Physicians and Surgeons of the University of New York, by JOHN B. BECK, M.D., late Professor, etc., prepared for the Press by his friend, C. R. GILMAN, M.D. Third Edition. New York: S. S. & W. Wood, Publishers. 1861. Price \$3, free of postage.

The receipt of this book is like greeting an old friend, or a long familiar face. More than twenty years ago, we pored over its contents, drinking in the instruction with which its pages were richly freighted. It was our guide in the administration of remedial agents. It was our instructor in the indications of treatment, in the circumstances modifying the operation of medicines, in the philosophy of the *Materia Medica*. We turn over its pages and all seems familiar as household words. The arrangement, the matter, the style, the attractions are all the same. The hand of improvement, the march of science, which has made such sad havoc with Cullen and Brown, and Thomas, laying them quietly away upon the shelves of the antiquary as curiosities, have not laid their rude hands on this work. Here it is just as we studied it. Even the paper on which it is printed has not bleached out to whiteness, or improved in texture by the progress of years. And yet in it we find an occasional omission of some more obsolete ideas; here and there a note is added by the editor in brackets, which only indicates how scrupulously careful he is to preserve intact the original thoughts of his learned contemporary, and to impute nothing to him he did not utter. The author was "not a runner after new things," nor was his work intended to chronicle every "new remedy" that might be placed before the public. He chose to deal with the fundamental *principles*

of Therapeutics, to indoctrinate his pupils thoroughly into the best means of putting those principles into practice. And so tenaciously did the author cling to this original intention, and so scrupulously has the editor of the work carried out this idea, that the student will look in vain, in its pages, for the "new remedies" which the research of later years has brought to the notice of the profession. And yet the lapse of time has only served to confirm the truth and increase the value of the great principles which constitute the distinctive merit of the work. The work of Dr. Beck is the standard, the great text-book upon the subject of materia medica, and the fact that a third edition of it is now demanded is evidence that the principles which should guide the practitioner in the administration of remedial agents are becoming more settled, and in a good degree certain.

LECTURES ON THE DISEASES OF WOMEN. By CHARLES WEST, M.D., Fellow of the Royal College of Surgeons of England, etc., etc. Second American from the Second London Edition. Philadelphia: Blanchard & Lea, Publishers. 1861.

This is the second edition of a standard work on the diseases of women, and is the production of the conscientious, practical physician, who enunciates his opinions with great caution, and takes care to fortify them with arguments which tend to carry conviction to the reader. His views and opinions may not always coincide with those of the present day, but they are uttered with so much candor and sincerity, and with a desire so apparent to teach only those doctrines which the investigations of pathology and therapeutics shall fully justify, that he throws around the unprejudiced student a fascinating charm, which compels admiration and respect, if it does not command entire credence. Of this character, for example, are his remarks upon the use of the speculum, and upon ulcerations of the cervix uteri. In relation to the former, while he holds "the speculum to be in many cases of most essential service," he, at the same time, delicately insinuates that its general and frequent use should be discountenanced as unnecessary and even tending to immorality, and suggests "that the endeavor of us all should be to ascertain the minimum of frequency with which its employment is necessary." So also in regard to the latter, while he points out with all the minuteness of thorough pathological investigation, the chief characteristics of the ulcerations or abrasions of the os uteri, and recognizes the importance of their proper treatment when actually existing, he carefully guards the student against the error that uterine ailments have this one invariable cause, or are the results of this one constant pathological occurrence, viz. ulceration of the cervix. Such simplification of uterine pa-

thology leads to a like simplification and error in therapeutics. Be the duration or severity of the disease what it may, there is in this view but one unfailing indication of treatment "to modify the vitality of the part by caustics," and this accomplished the entire malady infallibly disappears. All other remedies are but secondary and subservient to this, and the great point of discussion among these "one idea" uterine pathologists is, what caustics to use, how often, and how shall the inconveniences which sometimes result from their employment be obviated.

Against such views Dr. West argues with great force and ability. Ulceration of the cervix is not always present in uterine disease; the symptoms ordinarily attributed to that condition, are met with independently of it, almost as often as in connection with it; "women of the same age, in similar circumstances, present the same symptoms, leading to the same results, having the same duration, and attended with similar structural changes whether such ulceration be present or absent." He, therefore, infers "that ulceration of the womb is neither a general cause of uterine disease nor a trustworthy index of its progress." And as a further inference that the application of local remedies, is not the all important object in the treatment. Moreover the local treatment, which consists in the application of caustics to the cervix, he alleges, is sometimes mischievous, not unfrequently resulting in an inflammation of the uterus and its appendages; it has neither the merit of acting *cito*, nor *jucunde*, nor yet *tuto*.

But space forbids extending our notice. The same clearness and force of reasoning, the same calmness of judgment, the same earnest desire to teach the truth and it alone, the same thorough pathological investigation, and candid enunciation of the treatment these investigations direct, characterize the whole work, and we commend it the student as a safe and invaluable guide.

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Mr. Simon Rood Pittard, "one of the best and most estimable sons of Medicine," of England, died lately at Sydney, New South Wales, whither he had gone to take the Curatorship of the Australian Museum. He died without leaving his family a competence for their support, and the assistance of the profession is solicited in their behalf.

The number of Students in the Prussian Universities, for the last winter session, was 825; viz., 721 Prussians, and 104 foreigners.

The distinguished Military Surgeon, Gaspard Leonard Scriveri, Chief Inspector of the French Army, has just died at Val-de-Grace, at the age of 46. He was Surgeon in Chief during the Crimean war, and has left an interesting surgical relation of that campaign.

## Correspondence.

### BOSTON CORRESPONDENCE.

**Meeting of the Medical Improvement Society—Discussion—Interesting Cases Reported—Paper by Dr. J. C. White on Leukosin in the Blood—The Free Hospital—Case of Dreaming**

*Boston, November 13th, 1861.*

Since my last letter but little has come up of an unusual character. Another regiment of the stalwart defenders of the Union has gone to the scene of strife, and we have been alternately hopeful and depressed as the tidings of the naval expedition gave promise of its success or foreboded its failure. The Medical Improvement Society held its meeting on Monday evening last. There was quite a full attendance. A case of obstinate stricture was reported, which was relieved by the passage of very fine bougies after every other means had failed. This led to quite a lengthy discussion upon strictures, and the best method of relieving them. Dr. Warren remarked that in cases of pure spasmodic stricture, the administration of sulph. ether would almost invariably relax the spasm, and permit the passage of urine even without the aid of the catheter, but there was a large class which required treatment both local and constitutional. Instances were quoted of the practice in foreign hospitals. It was better, generally, to use larger instruments instead of small sized, and even when the stricture could not be dilated, it often was enough to pass a large sized bougie down to the constricted portion, exert as much pressure upon it as was safe, and then suddenly withdraw it. The urine would in many instances immediately follow. Two fine specimens of rupture of the aorta, near its exit from the pericardium, were shown, and by one of those coincidences which occasionally happen they both came under the notice of the reporter within twenty-four hours. They were the only ones also that had been seen for a long time. The direction of the rupture in one specimen at its internal aspect was transverse, and the blood in its exit had split the coats of the vessel for many inches towards the diaphragm and then reentered the artery. The pericardium was full of coagulated blood. The patient first felt a dull heavy pain in the region of the liver accompanied with a good deal of nervous irritability. An affection of the liver was diagnosed, and treated, but on getting up suddenly, a fainting fit came on, and before any medical attendance could be summoned death ensued. The other case was that of an aged negro woman. In this case like the former, the coats of the artery were separated, and great hemorrhage had taken place. In both, the coats of the artery were diseased. An interesting specimen

was shown of diseased lung opening into the cavity of the pleura, producing pneumo-thorax. The disease was in the lower lobe, and had discharged about three pints of purulent matter into the pleural cavity. Dr. Jeffries Wyman showed a rare specimen of ankylosis of the cervical vertebrae, accompanied with so much displacement of their relation to the atlas as to diminish the calibre of the canal one-half. It was from a dissecting-room subject. The adaptation of the parts to the altered condition of things was very remarkable. Whether the malformation was the result of disease or accident it was impossible to determine. Dr. W. remarked that there were but four or five well authenticated cases of this lesion. In a preparation in one of the museums of London, the calibre of the spinal canal was diminished to less than one-quarter of an inch in diameter. It seemed almost impossible to reconcile the idea of life with such diminution of the spinal cord. A paper was read from Dr. J. C. White, in which he brought forward corroborative proof, from two recent cases of leucocythemia, that the substance he had found in 1859, in the blood of a patient dying of this disease, and to which he then gave the name of *Leukosin*, was not an accidental substance, but a material existing in the blood in consequence probably of the disease, and which makes its appearance after the blood has been a short time out of the body, as do the urates in the urine. Dr. Ellis showed a substance which had been sent to him for examination and verification. It was reported to have been taken, after considerable manipulation with instruments, from the uterus of a patient, by a uterine quack, and exhibited as a tumor of that organ removed from its interior. It proved to be a kidney, of some animal probably, from its characteristics, and had been macerated in alcohol. Sharp practice that!

Our Free Hospital seems destined to be a bone of contention. Who are the ones really interested in the matter—whether the architect, or the original proprietor of the idea, or the Committee of the City Council, it is a very pretty quarrel as it stands. How fortunate it is that in such emergencies, individuals come forward who are willing to stand sentinel on the walls of the public crib, and see that none but the saints go in to feed.

I send you a case of dreaming. I took down the facts in writing at the time, but have held it back until now. The narrative is true, however much we may doubt the conviction:

Mr. and Mrs. —, with a sister of Mrs. —, left for a journey to —. Their only child, a boy between two and three years old, was perfectly well at the time and put in charge of friends. On Thursday night, while at a hotel, not having heard from home at all, and when sleeping with her sister—the hotel being so full this was necessary—she awoke her sister



with the remark, that she had had a terrible dream about her son. That she seemed to see him lying in a crib, and a woman, with very grey hair, whose face she knew, but not her name, was bending over him, and that he was very sick. This happened twice, but was, of course, attributed to a mother's anxiety, it being the first time she had ever left her boy, and nothing more was said about it. The mother, however, determined to return home, but before they could start the next day a message reached them with the intelligence that her boy was sick with dysentery, and the added evil of teething, and not expected to live. They immediately started for home, but did not reach it until after the child's death. When they arrived at the house, a carriage stood at the door, into which was just entering a woman, who was the counterpart of the one seen in the dream. She was a nurse, much respected in the neighborhood, and whom Mrs. — had frequently seen, but did not know personally. When the child was taken sick, she was sent for and attended the little sufferer till he died. Her appearance was peculiar from the large quantity of her grey hair.

TRIMOUNT.

NEW YORK CORRESPONDENCE.

*Ad humum morare gravi deducit et angit.*—HORACE.

MESSRS. EDITORS:—While many of our most energetic citizens have been laboring for the welfare of humanity in general, and, confining themselves to one branch of charitable duty, have sought to ameliorate the condition of brother sufferers, a twofold actor on the stage of life strove in a double capacity—as medical adviser and religious expounder—to relieve the ailments of the body, and, at the same time, bring comfort to a saddened soul.

A talented and cordial son of our respected Alfred C. Post, M.D., has, for years been engaged in that most noble of all professions, the pastor's round of excellencies. Many first drank in a hopeful solace from his cheering voice; others, some renewed their Christian zeal while listening to the soundest principles enunciated from his purified discourses.

Loved, honored and revered, the Rev. Dr. Post, æt. 27, lived; regretted and exalted by his holy death, he passed from the rude agencies of this dull world into the realms of bliss and purity. Those who were acquainted with his inner self, know the bitter anguish of his family, and fail not to assert with vehemence and tears—

"'Tis better to have loved and lost,  
Than never to have loved at all."

The Pathological Society, now presided over by Dr. Alfred C. Post, maintains its interest and

wanted vigor. At every session the sad ravages of hidden tumors and concealed abnormal growths unfold to those desirous of deriving salutary precepts from the consequences of uncertain symptoms, the causes that have led to unexpected ends. Besides a proper knowledge of anatomy in healthy structures, the young student should acquaint himself with any changes from the true structure of a given part. I trust that ere many years shall pass away, some rich doctissimus will form a moneyed nucleus that may bud forth into a well-developed building, that shall have a single name and object, together with a monthly record of discussed and illustrated cases. New York is large enough to have an independent Academy of Medicine and Pathological Society.

An anecdote that has a moral point may be received by even go-a-head physicians. In the latter part of April last, while companies were being formed, and preparations for campaigns were occupying the attention of the cities of our flag, a lady waited on me to obtain advice relative to rolling bandages and scraping lint, for those poor soldiers who might be in need, from wounds, of kind and charitable assistance. Being duly instructed, she departed, full of zeal. Within twenty-four hours after her visit I was called in haste to administer to her own wants. An accidental fall had resulted in her arm being caught on a spiked iron railing, almost directly over the brachial artery. The point is, that the first person who "derived comfort and relief" from the bandages and lint, already made for present use, was this same charitable lady.

To those who meditate on compensations, and the bright rewards that follow each kind act, this truthful statement must prove pleasing. For the hollow-hearted money-getters who are linked to our glorious profession, I have nothing to express; their incapacity to comprehend the sentiment wraps them up sufficiently in proud conceit.

GOURMET.

ARMY CORRESPONDENCE.

Epidemic Catarrh in Camp.

CAMP HAMILTON, FORTRESS MONROE, VA.,  
November 18, 1861.

An epidemic of influenza, marked by the following symptoms, greeted our Regiment upon its arrival at this military station. The Pennsylvania 48th was then experiencing the effects of its visitation.

Severe pain in the frontal regions was almost invariably present. Sometimes this pain extended over the entire head: pain in the lumbar region, which in the absence of other symptoms would have caused one to suspect lumbago; a general sense of aching in the limbs, much

like that one is accustomed to meet with in a bilious district of country; bowels almost always relaxed, and the discharges accompanied with tenesmus stools, sometimes clay-colored, at others watery, and frequently bloody, or mucus mixed with blood; in some cases, a disposition to go to stool every half hour or hour was manifest.

In addition, there was tenderness over the abdomen; considerable soreness, which proved itself upon pressure. Some had pains in the arms, which simulated rheumatism; others had pain in the neck, with a certain degree of stiffness. The aching sensations increased, in the majority of instances, at night, and wore off a little during the day. Acidity of the stomach, in many cases, was an accompaniment. The tongue was invariably furred; there was either a white or yellow coat.

As to the catarrhal symptoms, the discharge from the nose was not generally profuse; eyes not very watery; a sense of fullness at the root of the nose. Oftentimes there was a cough, which continued for days. In many, the fauces were inflamed, tonsils reddened, and uvula elongated. Some were troubled with uneasy feelings in the chest, with slight spitting of blood. There was little febrile irritation, but great debility.

The epidemic continued more than two weeks, in which time a large portion of the Regiment suffered from it more or less. At one period, thirty-five cases a day presented themselves. There were no fatal cases, the disease not being very grave in its character. Some relics of the epidemic are yet observed, though nearly a month has elapsed since we came here.

In consequence of the necessary exposure of the men in their tents, on the damp ground, the treatment pursued at first by us was not such as we should have adopted if hospital accommodations had been available. The affected ones were obliged to sleep for the most part without boards or straw under them. Under these circumstances, and in a moist atmosphere, it was unsafe to resort to diaphoretics. But very soon we occupied a large and suitable building as a hospital. The treatment, in many cases, was expectant merely. In some, the alkalies were indicated by the oft present acidity. The tongue frequently demonstrated the necessity of mercurials; the compound cathartic pills were employed not a little; cholera morbus or colic sometimes existed along with the other symptoms. Dover's powders were given at bedtime; carbonate of soda and tinct. opii. for the laxity of the bowels. In many cases quinine had to be employed, the debility was so great, and convalescence tedious. No specific plan was pursued, for the symptoms were so numerous, and the complications so varied, that the treatment had to be almost as varied.

D. W. MAUL,  
Surgeon 1st. Reg. Del. Volunteers.

## NEWS AND MISCELLANY.

*Brief Notices of Pamphlets Received.*—*Valdictory Address to the Graduating Class of the Female Medical College of Pennsylvania*, by Dr. Edwin Fussel. *Thoughts on the Prevalence of Quackery*, by Dr. J. R. Black, Hebron, Ohio. The "thoughts" relate to the prevalence of quackery, and its causes, but not to a far more practical and important question, how shall the evil be remedied? *Godley's Lady's Book*, *The Atlantic Monthly*, and *Harpers' Monthly*, for December, have also come to hand.

*Dr. R. B. Mershon*, of Newark, N. J., has been tendered the appointment of Surgeon in the "President's Guard," a regiment now being raised for special service in the city of Washington.

*Vicarious Hemorrhage into the Anterior Chamber of the Eye*—The *Lancet* says that M. Guépin records the case of a girl who had menstruated regularly, but every period had been followed by an attack of epistaxis. Recently the catamenia lasted only two days, the epistaxis did not come on, but the anterior chamber of one eye became filled with blood.

*Medical Misfortunes in America.*—"Manhattan," the correspondent of the *Standard*, describing a visit to a Lunatic Asylum, says:—"After we had seen most of the females, we passed into the building devoted to the male maniacs. Almost the first man my eyes lighted upon was an old friend, Dr. H——, who, singularly enough, was at one time the head of the Bellevue Hospital, and had thousands under his charge. No one was more respected. He left medical life, and started a paper at Fishkill. A few months ago the mob went to his office, and dragged him out, on account of a secession article that had appeared in the columns of his paper. The effect has been terrible. He is a hopeless maniac, but harmless. He sits upon a bench, looking an object of despair. He gazes wildly in the direction of a voice, but makes no reply. He is unconscious of anything. He is but one out of thousands of families that this rebellion will bring to misery in the North and South. The next case was Professor D——, analytical and consulting chemist, and one of our most promising citizens."—*Med. Times and Gazette*.

*Death of Dr. Brereton.*—This gentleman died at his residence, Harcourt street, Dublin, on the 2d inst. Dr. Brereton, who was in his sixty-second year, was a Doctor of Medicine of Edinburgh University, and Fellow of the King and Queen's College of Physicians, in Ireland, and had formerly filled the offices of physician to the Sick-poor Institution, Meath street, and the Kevon street Fever Hospital. We understand that the immediate cause of his death was hydrothorax.—*Dublin Medical Press*.

*Amount of Army Rations Per Month.*—The following figures show the amount of commissary stores which will be consumed in one month by the United States army when brought up to the standard authorized by Congress, viz: 500,000 men. It will be seen that the labors of the commissary department are anything but trivial, and that the cost of feeding an army is a somewhat serious item.

11,250,000 pounds of pork, or 18,750,000 pounds of fresh beef; 105,380 barrels of flour; 37,500 bushels of beans, or 1,500,000 pounds of rice; 1,500,000 pounds of coffee; 2,250,000 lbs of sugar; 150,000 gallons of vinegar; 225,000 pounds of candles; 600,000 pounds of soap; 6,384 bushels of salt, and 6,600,000 pounds of potatoes.

**SYDNEY SMITH ON FASHIONABLE PHYSICIANS.**—"There is always some man of whom the human viscera stand in greater dread than of any other person, who is supposed, for the time being, to be the only person who can dart his pill into their inmost recesses; and bind them over, in medical recognizance, to assimilate and digest. In the Trojan War, Podalirius and Machaon were what Dr. Baillie and Sir Henry Hallford now (1818) are,—they had the fashionable practice in the Greek camp; and, in all probability, received many a guinea from Agamemnon dear to Jove, and Nestor the tamer of horses."

**HYDROPATHY.**—"Such strong and enthusiastic testimony has been borne to the value of Hydropathy by highly educated men, who have chronicled their sensations, that we must, perforce, give credence to the efficiency of that system. Yet ever and anon a shadow of skepticism steals over our mind, for the practice of packing in wet sheets does not tally with our preconceived ideas, or quite reconcile itself to our reason. It is said that by this process all impurities are brought out through the pores of the skin, and what are called crises are superinduced; and we have heard more than one excellent person assert with exultation that after a tight course of packing and asperging they have brought forth as fine a crop of boils and blains as could have been exhibited in Egypt during the prevalence of the plague. Notwithstanding all this, we think that one cold bath in a morning is as much ablation as is good for a man."—*Meditations on Dyspepsia*, in *Blackwood* for October.

**THE PATIENT'S OPINION OF DOCTORS.**—"We delight in doctors, who are the best friends of frail humanity, and the least quarrelsome fellows you can meet with anywhere, except when they wrangle among themselves. No other class of men enjoy life with so keen a relish, or are as indefatigable in their efforts to promote the happiness and welfare of mankind. They are, too—we say it in all seriousness—

the most disinterested of mortals; for, although disease is their harvest, we find them always true and faithful monitors, warning us against the evil habits that tend to the destruction of health; and if we were wise enough to profit by their maxims, to live rationally, and to avoid all manner of excess, few would be the fees accruing to the successors of Machaon and Podalirius."—*Ibid.*

#### MARRIED.

**BUDD—PENNELL.**—On Tuesday, Nov. 19, in St. Ann's Church, by the Rev. Thomas Gallaudet, assisted by the Rev. F. C. Ewer, Charles A. Budd, M.D., to Mary Elizabeth, only daughter of the late Richard Pennell, M.D., all of New York city.

**HITCHCOCK—MACK.**—At New Haven, Conn., November 19th, by the Rev. S. W. S. Dutton, D.D., H. M. Hitchcock, M.D., of New York, to Mary A. daughter of the Rev. E. T. Mack, of New Haven.

**ROYER—HOOVER.**—On Thursday evening, Oct. 3d, by the Rev. U. W. Small, Moses M. Royer, M.D., formerly of Lebanon, Pa., to Miss Lizzie Hoover, formerly of Martinsburg, Pa., all of Sterling, Ill.

**NORRIS—TOLIN.**—In Brooklyn, E. D., on Thursday, the 14th of November, at the Church of St. Peter and Paul, by the Rev. S. Malone, Thomas P. Norris, M.D., to Miss Mary A. Tolin.

#### Answers to Correspondents.

**Dr. L. W. P., Pa.**—The price of Gross Surgery is \$12; of Carpenter's Human Physiology, \$4 25. You can order them through us if you choose.

**Dr. J. Q. A., N. Y.**—Churchill's syrup of hypophosphites which is extensively advertised in the papers as made and sold by an empyric in New York, is probably a simple solution of the hypophosphites of lime and soda with sugar, the former of which as preferred by Dr. Churchill, who originally introduced these salts, is used in the largest proportion. The published formulas for these preparations are all contained in Parrieh's Practical Pharmacy, where some twenty pages are devoted to the compounds of phosphorous used in medicine.

From this source, we extract the following formulas—syrup of hypophosphites.

Take of hypophosphite of lime, oz. i ss.  
" " " soda, oz. ss.  
" " " potassa, oz. ss.  
Sugar, lb. j. 12 oz.  
Hot water, q. f. oz. iv.  
Orange flower water, f. oz. i.

Make a solution of the mixed salts in the hot water, filter through paper, dissolve the sugar in the solution by the aid of heat, strain and add the orange flower water. Dose, a teaspoonful containing nearly five grains of the mixed salts.

Syrup of hypophosphites containing iron.

Take of hypophosphite of lime, 256 grains.  
" " " soda, 192 "  
" " " potassa, 128 grains.  
" Iron recently precipitated, 96 "  
Hypophosphorous acid solution, 240 "  
White sugar, 9 ounces.  
Extract of vanilla, one-half ounce.  
Water, a sufficient quantity.

Dissolve the salts of lime, soda, and potassa, in six ounces of water, put the iron salt in a mortar, and gradually add solution of hypophosphorous acid till it is dissolved, to this add the solution of the other salts after it has been rendered slightly acidulous with the same acid; and then, water, till the whole measures twelve fluidounces. Dissolve in this the sugar with heat and flavor with the vanilla.

**Dr. J. W. B., Ill.**—The *REPORTER* for one year, and *Physician's Hand-Book of Practice* for 1862, will be sent to your address for \$3 60, paid previous to Jan. 1862. The *Hand-Book* contains in addition to the practical part, a *Visiting List* for some thirty patients, and sells at retail for \$1 25 per copy. Subscribers to

the **REPORTER** gets the book therefore for less than half what it will cost them if they buy it at the book stores. Or we will send you the **REPORTER** and "Physician's Visiting List" for 25 patients, the retail price of which is 75 cents, for \$3 40, paid within the same time. These terms are exceedingly liberal, and we hope will induce you not only to subscribe for the **REPORTER** yourself, but to commend it to others. tf

### Communications Received

**Delaware**—Dr. Knowles. **Illinois**—Dr. M. M. Royer, with encl.; Dr. C. A. Paul. **Maryland**—Dr. J. K. Birkebile. **New Jersey**—Dr. Jos. S. Cook and Dr. Chabert; Drs. Kudlick, W. L. Perine, Kopetschny, and Carels, each with encl. **New York**—Mr. J. G. White. Drs. G. V. Newcomb, E. V. Colt, D. K. McDonogh, Jno. A. Brady, L. K. Snell, Rob't Cooper, E. Malone, S. N. Palmer, E. Devendorf, S. Wade, C. Alcott, C. Prince, C. S. Whitehead, F. M. Ingraham, W. K. Gleason, Peter Burnett, J. G. Johnson, W. J. Haddam, C. G. Framton, A. H. Turner, H. Hesler, W. H. Hunter, E. M. Brown, D. A. Hedger, O. H. Smith, Ostrander, each with encl.; Drs. L. C. Hassel, C. J. Chase, and H. Teller; Dr. C. C. Burnett, with encl.; Drs. F. G. Basora, F. P. White, S. D. Willard, and S. W. Francis; Dr. J. Swinburne, with encl.; Drs. G. K. Smith, S. G. Carpenter, J. B. Richmond, and H. Herenstreet; Dr. H. B. Horton, with encl.; W. A. Townsend, S. W. Francis; Dr. L. D. Isham, with encl.; Drs. W. V. V. Rapage, C. P. Bronson, W. C. Livingston, N. C. Husted, S. Teets, S. H. Brown, J. H. Hoyersaat, D. Biette, A. J. Fitch, A. Hodgman, A. S. Jones, O. O. Burges, W. Roberts, J. Healy, E. S. Nichols, L. Lambert, J. H. Jeechen, C. Johns, B. W. King, and H. Sherril, each with encl.; J. MacNieloh, R. Newcomb, W. Knowlton, W. H. Bailey, L. G. Warren, S. H. Freeman, H. D. Paine, P. P. Staats, Mosher, Babcock, Van Hoesen, C. H. Smith, W. H. Bigelow, E. Weber, H. G. Adams, Stone, C. S. Woodruff, S. W. Hall, Brion, W. S. Cooper, R. S. Hamilton, H. C. Murphy, and J. P. Wittebeck, each with encl. **Pennsylvania**—Drs. S. F. Chapin, A. Dimmack, J. W. Hays, Breitenbaugh, J. J. Comfort, R. McCasney, Dr. H. B. Buck, and J. H. Dickenschied, each with encl. **Rhode Island**—Dr. W. Cook, with encl. **Wisconsin**—Dr. C. L. Stoddard, with encl.

**Office Payments**—Drs. MacIntosh, B. Hart, McRean, Kirkbride, Brandes, Witmor.

**ERRATA**—On page 152 of last number of **REPORTER**, fourth line from top of first column, read "root" instead of "not."

### VITAL STATISTICS.

OF PHILADELPHIA, for the week ending Nov. 16, 1861:

Deaths—Males, 142; females, 112; boys, 67; girls, 57—Total, 254. Adults, 130; children, 124. Under two years of age, 55. Natives, 179; Foreign, 55. People of color, 10.

Among the causes of death we notice—Apoplexy, 3; convulsions, 11; croup, 4; cholera infantum, 1; cholera morbus, 0; consumption, 39; diphtheria, 11; diarrhoea and dysentery, 6; dropsy of head, 4; debility, 9; scarlet fever, 22; typhus and typhoid fever, 9; inflammation of brain, 3; of bowels, 4; of lungs, 3; bronchitis, 0; congestion of brain, 3; of lungs, 3; erysipelas, 0; whooping cough, 0; marasmus, 6; small pox, 8.

For week ending November 17, 1860.....200  
" " " 16, 1861.....254

OF BROOKLYN, for the week ending, Nov. 16, 1861:

Deaths—Males, 63; females, 39. Total 102. Under five years, 45.

Among the causes of death we notice—Consumption, 18; scarlet fever, 12; convulsions infantile, 11; inflammation of lungs, 7; debility, 5; marasmus, 3; croup, 3; bronchitis, 3; dropsy, 3; diphtheria, diarrhoea, erysipelas, typhoid fever, measles, small pox, each one.

OF PROVIDENCE, R. I., for the month of October:

Deaths—Males, 36; females, 48. Total, 84. Natives, 65; Foreign, 19. Under one year 31.

Among the causes of death we notice—Abscess, 2; anæmia, 1; disease of brain, 2; inflammation of brain, 1; bronchitis, 1; cancer, 3; cholera infantum, 6; consumption, 11; croup, 3; debility, 2; diarrhoea, 2; dropsy, 2; dysentery, 7; diphtheria, 2; typhoid fever, 1; disease of heart, 3; hydrocephalus, 3; intus-

susception, 1; intemperance, 4; delirium tremens, 1; disease of kidneys, 1; inflammation of liver, 1; marasmus, 5; neglect, 2; pneumonia, 2; scarlatina, 1.

### Medical Directory.

PENNSYLVANIA HOSPITAL, Eighth, below Spruce. Entrance on Eighth street.

Medical Clinic on Wednesday's and Saturday's, at 10 A. M., by Dr. Gerhard.

Surgical do., at 11 A. M., by Dr. Geo. W. Norris.

MEDICAL LIBRARY OF THE PENNSYLVANIA HOSPITAL—Open on Wednesday's and Saturday's.

PHILADELPHIA HOSPITAL.—Medical Clinic on Wednesday's and Saturday's, at 9½ A. M., by Dr. J. L. Ludlow.

Surgical Clinic on Wednesday's and Saturday's, at 10½ A. M., by Dr. D. H. Agnew.

WILLS HOSPITAL FOR THE EYE AND LIMB.—Clinics, Monday and Friday at 12 M., by T. G. Morton, M.D.

HOWARD HOSPITAL, Lombard street, between Fifteenth and Sixteenth.

Clinical Lectures daily, at 12 M., 1 and 5 P. M. Monday and Thursday—Dr. Turnbull, at 1 P. M. Tuesday and Friday—Dr. Darraach, at 12 M.; Dr. Klapp, at 5 P. M. Wednesday and Saturday—Dr. Neff, at 12; Dr. Judson, at 1, and Dr. Morehouse, at 5 P. M. Monday and Thursday—Dr. Meigs, at 5 P. M. Tuesday and Friday—Dr. Atkinson, at half-past 3 P. M.

JEFFERSON MEDICAL COLLEGE, Tenth, above Walnut.

Medical Clinic on Wednesday's and Saturday's, at 12 M., by Dr. R. Duglison.

Surgical do., at 1 P. M., by Dr. S. D. Gross.

UNIVERSITY OF PENNSYLVANIA, Ninth, below Market.

Surgical Clinic on Wednesday's and Saturday's, at 1 P. M., by Prof. Smith.

Dispensary Service every afternoon at 3 P. M., by Drs. Dunkon and Hodge.

PENNSYLVANIA COLLEGE OF DENTAL SURGERY, 528 ARCH STREET.—Clinical Lectures, daily, (except Sunday,) from 2 to 4 P. M., by Dr. Goodwillie.

PHILADELPHIA LYING-IN CHARITY.—Clinic for diseases of females, at "Nurse's Home," S. W. corner Eleventh and Cherry, every Wednesday and Saturday morning at 9 o'clock, by Dr. Albert H. Smith.

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